

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-088196

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/				
3		/				
4		/				
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	21		21			
TOTAL CLAIMS	25		25			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						